



DISABLED ELDERLY IN KARNATAKA

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ABSTRACT

Elderly or aged people are the fundamental issues in 21st centuries, because the entire world moves towards ageing or elderly world. Elderly in developed countries enjoy the later life with good socio, economic and health conditions but in developing countries like India or in our study area elderly faced the several psycho- social and health problems because developing countries are reaching the old stage in the process of population ageing before they become rich in the developmental aspects. As a result here population ageing process creates the unhealthy, disabled and dependent elderly. Therefore the present paper focuses on the temporal trend and spatial patterns of different types of disabilities of elderly in Karnataka. For this purposes I collected the last two decades age specific total and disabled elderly population data and find out that the proportion of different types of disabled elderly in total disabled elderly population in Karnataka. The result shows that in Karnataka ageing process increase the disabled elderly from decade to decade with gender and spatial differences.

KEY WORDS: elderly, population ageing, disability. Physical, psychological.

1.0 Introduction:

Elderly people in the developed countries enjoy much better health status and can lead a reasonably activities with the help of health and nutritional needs and requirement aids like spectacles, dentures, hearing aid, wheelchair etc. but in the developing countries like India, the health and nutritional needs and other requirement gained by very less percent of elderly persons.

Early in life infections are still the leading causes for death but in the old age most of the death caused by the non-communicable diseases like physical disability, physical and mental problems. In India, for the first time, census of India release the district level disabled population data in 2001 and they classified disability in to five types, they are: seeing problem, hearing problem, speech problem, movement problem and mental illness, but in 2011 along with the earlier classes census of India mention the 3 types of disability they are mental retardation, any other disability and multiple disability. The physical and psychological health status of the elderly represents the quality of life of elderly. So the study grouped these disabilities of elderly into two broad groups, they are physical and psychological disabled elderly population (on the basis of physical and psychological functions of the human bodies). Physical health and psychological disability are highly influenced by the age and socio cultural backgrounds of the individuals. Physical disabilities are more common among the elderly but physical health problems are frequently magnitude the serious mental disability among the elderly. In the present study physical disability includes the seeing, hearing, speech, and movement problem and psychological comprise the mental retardation and mental illness of the elderly. India has 20 percent of disabled elderly with 19 percent of male and 23 percent of female population in 2011. In our study area it is 17.3 in 2001 and increased to 19.1 percent in 2011 with 1.8 percent decadal increase.

2.0. Study area:

The present paper focuses on the disabilities of elderly in Karnataka. So Karnataka state is our study area. Is located in the western parts of the Deccan plateau and is extended by 11031' to 18045' North latitudes and 74012' to 78040' East longitudes. It is bounded by the Maharastra in the North, Andhra Pradesh in the East, Tamilnadu in the South and Southeast, Kerala in the Southwest and Goa in the Northwest. In the Western part is flanked by the Arabian. The total geographical area of the state is about 1, 91,791 Sq.km. As per 2011 census the proportion of elderly population in total population in Karnataka is 9.55% with 8 10.47% of rural and 8.10% of urban areas.

3.0. Objectives:

the main aim of the present paper as follows:

- To examine the Physical Disabilities of elderly in Karnataka
- To analyse the psychological disabilities of elderly in Karnataka
- To compare the process of Ageing and Disability of Elderly

4.0 Methods and Materials:

The present study is based on the secondary source of information. Collect the disability related information from the different sources such as articles, journals, books, periodical and others and also collect from last two decades (2001 to 2011) disabled total and elderly population data in Karnataka. Use some of the simple statistics techniques like percent and find out the decennial trend of different

types of disabilities of elderly and proportion of the elderly population to total population in Karnataka. From 2001 to 2011 disability the last two decades

5.0 Discussions

5.1 Physical Disability:

In Karnataka among the different types of disabilities a great number of elderly populations are physically disabled than the psychological disability. In 2001, 93.4 percent of total disabled elderly population are physically disabled and it increased 96.5 percent in 2011. At the same period 6.6 and 3.3 percent of the elderly faced the Psychological respectively.

Table: 5.1. Disabled Elderly in Total Disabled Elderly in Karnataka: 2001-2011(in %)

Decades	Physical disability	Psychological disability		
	2001	2011	2001	2011
KARNATAKA	93.4	96.5	6.6	3.5
Source: Compiled by the author use of census data				

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5.1.1: Physical Disability among Gender and Residence:

Gender Disability: Gender disparities occur in the physical disabilities of the elderly population in Karnataka. The problem of seeing and hearing are predominate in female, speech and movement problems are dominate in males (Table: 4.14). Because compared to the female, more number of Males is taking treatment for seeing and hearing problems as a result less number of elderly male population suffering from these problems. The problem of movement was less in female because females engage in the house hold activities until to their death, this trend was very negligible in their male counterparts and most of the male elderly retired from their job formally or informally they did not do the house hold activities.

Residence Disability: compared to the rural elderly more number of urban elderly suffering from the physical disability like difficult to movement, Hearing and speech (except in seeing problem) in Karnataka (Table:4.14). more number of rural elderly suffering from vision or seeing problem because they did not take treatment due to the absence of eye clinic in rural areas and they ignore their problem as it is not much disturb the daily actives in rural areas, but in urban areas daily life start with the reading of the newspaper. so it is a major problem in the urban elderly and the availability of eye care centre are also made the low percent of urban elderly with vision disability.

Difficult to Movement is more in the urban elderly compared to the rural elderly due to the variations in the daily routine life of the rural and urban elderly. In rural areas no retirement to the elderly people from their jobs until their death and elderly people engaged in the agricultural activities and it requires the physical energy, so their body adjusted to the easy movement but in urban areas after the retirement elderly people take a rest at home and small percent of them continue to work after the retirement but they engaged in the mental skill oriented jobs. As result the problem of movement is high in urban elderly compared to the rural elderly. Hearing and speech disabilities are high in urban elderly than the rural the same trend carried out in all the three regions (Table: 4.14).

Table: 5.1: Physical Disabled Elderly in Total Disabled Elderly in Karnataka -2011(in %)

Types of Physical Disabilities	Total			Rural	Urban
	Persons	Males	Females	Persons	Persons
Seeing problem	30.43	26.39	34.57	31.8	27.18
Hearing problem	18.34	17.69	19	17.07	21.33
Speech problem	3.31	3.56	3.05	3.1	3.8
Movement problem	22.06	26.72	17.3	23.15	19.48

Source: Compiled by the author from 2011 disabled census data

5.2. Psychological Disability:

mental illness and mental retardation are considered as the Psychological problems of elderly population in our present study because these are related to the mind and brain function. Psychological problems are not a direct and sole product of the ageing of brain, but it could be the losses associated with ageing compromised quality of life and socio-economic problems. In Karnataka the percent of Psychological disability among the elderly is low. It could be explained by the fact that existing social cultural milieu which discourage the family members to disclose the problems in the public. Therefore the percent psychological disabled elderly people were very low and it was decreased from 6.6% to 3.5% from 2001 to 2011 in Karnataka (Table: 4.15).

Table: 5.2 Psychological Disabled Elderly in Total Disabled Elderly in Karnataka (in percent)

	Total (2001)	Total (2011)	Total (2011)		Rural (2011)	Urban (2011)
			Males	Females	Persons	Persons
Karnataka	6.6	3.5	3.27	3.74	3.11	4.43

Source: Compiled by the researcher from 2011 census data

5.2.1 Psychological Disability among the Gender and Residence:

Gender wise: Compared to the male and female, Psychological problems are high in female in Karnataka. In 2011 3.27 and 3.74 percent of male and female elderly are respectively suffering from the Psychological problems (Table: 4.15) because males are more likely to married and females are most likely to widow. The widowhood status create the psychological problem in the females because after the loss of spouse majority of the female elderly suffering from isolation, loneliness and living alone situation. Females are more emotional than the male and society is also to restrict the widowed, divorced and separated female elderly to participate the some traditional programmes.

Residence: In terms of residence due to the influence of rapid growth of the science and technology, Psychological problems are high in urban areas than in the rural in 2011 3.11 and 4.43 percent of rural and urban elderly are respectively faced the Psychological problem. The development of the science and technology to change the life style and life quality of the urban people at the same time technological revolution and the subsequent urbanization, industrialization, migration and nuclear family have given risk to new social and psychological challenges to the elderly. These challenges make urban elderly more vulnerable to psychological disability compared to the rural elderly in Karnataka (Table: 4.15).

5.3 Comparison of Ageing and Disability of Elderly:

The process of population ageing shifts the role of individual elderly from social interaction or participation to isolation or loneliness, healthy to vulnerable and productive to empty nest syndrome. In our study are process of ageing and the level of disability moves in the same direction. In 1991 Karnataka has 7.8 percent of elderly population to total population it was increased to 9.6 percent in 2011 at the same period total disabled elderly population increased from 17.3 to 19.1 percent.

6.0 Findings:

Disability is a common factor in human life, all age people are faced the different types of disabilities although the intensity and the level of disabilities are high in elderly due to the decrease trend of biological organs with increase the age. In Karnataka total disabled elderly population increased from 17.3 to 19.1 percent from 2001 to 2011 respectively although it is low compared to national level with 20 percent of disabled elderly to total disabled in 2011.

Among the physical and psychological disabilities, majority of the elderly suffering from physical disabilities such as seeing problem, hearing problem, speech problem and movement problem. In 2001 Karnataka has 93.4 percent of physical disabled elderly it is increased to 96.5 percent in 2011. At the same period psychological disabled elderly was decreased from 6.6 to 3.5 percent respectively.

Among different types of physical disabilities seeing problem is dominant, 30.43 percent of elderly faced this problem in 2011. In Karnataka 22.06, 18.34 and

3.31 percent of the elderly people are suffering from Movement, Hearing and seeing problem respectively in 2011.

In terms of sex over all physical disabilities are dominated in male than the female due to the difference in socio and economic conditions, life style activities, daily life activates household activities and others.

Compare to female less number of male populations is faced the psychological problems such as mental illness and retardants. Because males are more likely to married and females are most likely to widow. The widowhood status, isolation, loneliness and social restriction create the psychological problem in the females. In terms of resident wise compare to urban elderly more number of the rural elderly suffered from the physical as well as psychological disabilities due to the lack of health facilities, low social - economic conditions and majority of the rural elderly ignore their problems.

Over all in Karnataka from last two decades (2001 to 2021) disabled elderly population increases in total disabled population due to the lack of health and other facilities in one side and other side is increase the number of elderly through the ageing process. In 2001 Karnataka has only 7.2 percent of people's age 60 years and above it was increased to 9.6 in 2011 at the same period disabled elderly peoples are also increased from 17.3 to 19.1 percent.

7.0 Suggestions:

The present paper examined and analysed the disabilities of elderly people in Karnataka. In Karnataka majority of the elderly are facing the physical disability than the psychological disability, but in real situation more number of the elderly are facing the Psychological problems such as lack of love, care, affection and attention and isolation, loneliness and other problems.

In our study area disabled elderly population increase decade to decade due to the lack of health facilities, increase the nuclear family system, modern and busy life style and decrease the love and affection of the family members so, family members have to give more attention towards the elderly. Government, NGOs and other organization enhance and developed the elderly friendly health infrastructure facilities

8.0: Conclusion:

Elderly people are the assets to any society through their knowledge, wisdom and experience. In my study area elderly people are increasing decade to decade along with the physical, psychological disabilities due to lake of good health and elderly friendly infrastructure. As a result improve the quality of life of elderly at different level like family, local, state and national in this family, society, Government and NGOs work sensuously. Otherwise in future ageing creates the unhealthy, dependent, vulnerable elderly. Among the different institution family play a major role because in our study area tack care of elderly is the main the responsibility for the family. Hence family member gives more attention, love and affection towards the elderly.

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